

ATLANTA POLICE DEPARTMENT
Special Enforcement Section
Confidential Source Funds Disbursement

Complaint or
Reference # _____

Controlling Officer's
Name _____

APD ID

Unit _____

Funds
Requested _____

☐ Investigative
Advance

☐ Flash Roll

Intended
Purpose _____

Signatu
re _____

Dat
e _____

If not on pre-
approved list,
request
approved by _____

APD ID

Print Name of Supervisor

Signatu
re _____

Dat
e _____

Funds
approved by _____

Confidential Fund Custodian

_____ Date

Funds received
by _____

Supervisor/ Investigator

_____ Date

Expended
funds of _____

\$

documented in supplements
dated _____

or other documentation
attached

Unexpended Funds

I am returning \$ to the Confidential Fund.
funds of

Controlling Officer's Signature Date

Custodian's Signature Date